

<b>Case Number:</b>	CM13-0043498		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year-old patient sustained an injury on 10/7/13. The patient has diagnoses of closed non-displaced fracture of the medial and lateral malleolus; and lumbar radiculopathy. She has received at least 38 physical therapy sessions to date. Report of 9/23/13 noted the patient with complaints of low back and left ankle pain. Exam showed antalgic gait with cane; she walks on her left foot; swelling; and negative SLR bilaterally. Diagnoses include healed fracture of left ankle with secondary swelling of left foot and ankle; myofascial lumbar spine strain/radiculopathy. Treatment plan included continuing with PT and remain off work.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **CUSTOM MADE SHOES AND INSERTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle & Foot Chapter, Orthoses.

**Decision rationale:** Per ODG, rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more

global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. Additionally, shoe modification may be an option in the conservative care for ankle fusion, non-union or malunion of fracture, or traumatic arthritis with objective findings on imaging and clinical exam. This documentation is not presented here. Therefore, the request is not medically necessary.

**ADDITIONAL PHYSICAL THERAPY 2X4 FOR LEFT ANKLE, LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Post-Surgical Treatment Guidelines allow for 21 visits over 16 weeks for ankle surgery over a postsurgical physical medicine treatment period of 6 months. The patient has received at least 38 PT visits with recent 2 sessions authorized. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the initial guidelines criteria. The patient's ankle treatment is now over 9 months without documented functional limitations, complications, or comorbidities to allow for additional physical therapy. There is no reported functional improvement from treatment of 40 authorized PT visits already rendered and the patient should have the knowledge for transition to an independent home exercise program. The additional physical therapy twice a week for four weeks for the left ankle and lumbar spine is not medically necessary and appropriate.